

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <b>Gerry Armstrong (415)456-8450</b> <b>715 Sir Francis Drake Blvd</b> <b>San Anselmo, CA 94960</b>		TELEPHONE NO.:	<b>FOR COURT USE ONLY</b>  <h1>FILED</h1>  <b>MAR 28 1996</b>  <b>HOWARD HANSON</b> <b>MARIN COUNTY CLERK</b> <b>BY: J. Bost, Deputy</b>
ATTORNEY FOR (Name): <b>In Pro Per</b>			
NAME OF COURT:	<b>Superior Court of California, County of Marin</b>		
STREET ADDRESS:	<b>Hall of Justice</b>		
MAILING ADDRESS:	<b>P.O. Box E</b>		
CITY AND ZIP CODE:	<b>San Rafael, Ca 94913</b>		
BRANCH NAME:	<b>Dept. One. Hon. Gary W. Thomas</b>		
PLAINTIFF or PETITIONER:	<b>Church of Scientology</b>		
DEFENDANT or RESPONDENT:	<b>Gerald Armstrong</b>		
<b>APPLICATION FOR WAIVER OF COURT FEES AND COSTS</b>			CASE NUMBER: <b>157680</b>

I request a court order so that I do not have to pay court fees and costs.

1. My address and date of birth are (specify):

**715 Sir Francis Drake Blvd**  
**San Anselmo, CA 94960**  
**October 18, 1946**

2.  I am receiving financial assistance under one or more of the following programs:

- a.  SSI and SSP: The Supplemental Security Income and State Supplemental Payments Programs
- b.  AFDC: The Aid to Families with Dependent Children Program
- c.  Food Stamps: The Food Stamps Program
- d.  County Relief, General Relief (G.R.) or General Assistance (G.A.)

*[If you checked box 2 above, sign at the bottom of this side and DO NOT fill out the rest of the form.]*

3.  My gross monthly income is less than the amount shown on the Information Sheet on Waiver of Court Fees and Costs available from the clerk's office.

*[If you checked box 3 above, skip 4, complete 5 and 6 on the back of this form, and sign at the bottom of this side.]*

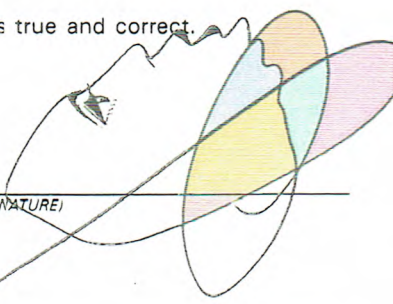
4.  My income is not enough to pay for the common necessities of life for me and the people in my family I support and also pay court fees and costs. *[If you checked this box you must complete the back of this form.]*

**WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. For the next three (3) years you may be ordered to appear in court and answer questions about your ability to pay court fees or costs.**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **March 27, 1996**

**Gerry Armstrong**  
(TYPE OR PRINT NAME)

  
\_\_\_\_\_  
(SIGNATURE)

# INFORMATION SHEET ON WAIVER OF COURT FEES AND COSTS

(California Rules of Court, Rule 985)

If you have been sued or if you wish to sue somebody, and if you cannot afford to pay court fees and costs, you may not have to pay if:

1. You are receiving **financial assistance** under one or more of the following programs:
  - SSI and SSP (The Supplemental Security Income and State Supplemental Payments Programs)
  - AFDC (The Aid to Families with Dependent Children Program)
  - The Food Stamps Program
  - County Relief, General Relief (G.R.) or General Assistance (G.A.)

—OR—

2. Your gross **monthly income** is less than the following amounts:

NUMBER IN FAMILY	FAMILY INCOME
1	\$ 766.66
2	1,025.00
3	1,283.33
4	1,541.66
5	1,800.00
6	2,058.33
7	2,316.66
8	2,575.00
Each additional	258.38

—OR—

3. Your income is not enough to pay for the common **necessaries** of life for yourself and the people you support and also to pay court fees and costs.

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**To apply**, fill out the Application for Waiver of Court Fees and Costs available from the clerk's office.

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the yellow pages under "Attorneys").

If you are asking for review of the decision of an administrative body under Code of Civil Procedure section 1094.5 (administrative mandate), you may ask for a transcript of the administrative proceedings at the expense of the administrative body.